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MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH		State File No. <b>258</b>	
County <u>Maricopa</u> State <u>ARIZONA</u>		Registered No. <u>836</u>	
Towship <u>Phoenix</u> or Village _____		City <u>Phoenix</u>	
Length of residence in city or town where death occurred <u>1</u> yrs. <u>0</u> mos. <u>0</u> ds.		How long in U. S. if of foreign birth? <u>12</u> yrs. <u>0</u> mos. <u>0</u> ds.	
2. FULL NAME <u>Pat Kinsey</u>		How long in State where death occurred? <u>6</u> yrs. <u>0</u> mos. <u>0</u> ds.	
(a) Residence: No. <u>133 E. Van Buren St</u>		Ward _____	
(Usual place of abode) <u>Phoenix, Ariz.</u>		(If non-resident give city or town and state)	
PERSONAL AND STATISTICAL PARTICULARS			
1. SEX <u>Male</u>	4. COLOR OR RACE <u>Caucasian</u>	5. SINGLE, MARRIED, WID-OWED, or DIVORCED. (Write the word) <u>Married</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Joe Kinsey</u>			
6. DATE OF BIRTH (month, day, and year) <u>Oct. 31, 1903</u>			
7. AGE Years <u>33</u> Months <u>6</u> Days <u>16</u> If LESS than 1 day, _____ hrs. or _____ min.			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (city or town) <u>Hilton</u> (State or Country) <u>Texas</u>			
MOTHER FATHER	13. NAME <u>Oscar McGinley</u>		
	14. BIRTHPLACE (city or town) <u>Texas</u> (State or Country)		
	15. MAIDEN NAME <u>Ora Jackson</u>		
16. BIRTHPLACE (city or town) <u>Texas</u> (State or Country)			
17. INFORMANT <u>Joe Kinsey</u> (Address) <u>133 E. Van Buren, Phoenix, Ariz.</u>			
18. <del>REMOVAL</del> <u>REMOVAL</u> Place <u>Mesa, Ariz.</u> Date <u>5/18/37</u> 19			
19. EMBALMER License No. _____ Signature <u>M.L. Gibbons</u> FUNERAL DIRECTOR <u>M.L. Gibbons</u> Address <u>Mesa, Arizona</u>			
20. FILED <u>MAY 19 1937</u> 19 <u>Philo F. Osborn</u> Registrar			
21. DATE OF DEATH (month, day, and year) <u>5/18/37</u> 19			
22. I HEREBY CERTIFY, That I attended deceased from <u>May 11</u> 19 <u>37</u> , to <u>May 18</u> 19 <u>37</u> . I last saw <u>her</u> alive on <u>May 18</u> 19 <u>37</u> ; death is said to have occurred on the date stated above, at <u>6:00 P.M.</u>			
The principal cause of death and related causes of importance were as follows: <u>Peritonitis</u> <u>Dissection of abscess dis-</u> <u>charging thro rectum</u>			
Other contributory causes of importance: <u>Hyperemesis</u> <u>Gastric pneumonia &amp; liver.</u>			
Name of operation _____ Date of _____			
What test confirmed diagnosis? <u>(autopsy refused) na</u> Was there an autopsy? <u>na</u>			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____			
Where did injury occur? _____ (Specify city or town, county and State)			
Specify whether injury occurred in industry, in home, or in public place.			
Manner of injury _____			
Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>			
If so, specify _____			
(Signed) <u>S. D. Little</u> M. D.			
(Address) <u>Phoenix, Ariz.</u>			